

**Montana Medicaid - Fee Schedule  
Personal Assistance Services  
July 1, 2013**

**Description** – Procedure code short description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Modifier** - When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination. For example:

U9 = self-directed

TE = nurse supervision/oversight

TS = follow-up service used for personal assistance and self-directed personal assistance.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Schedule:** Rates listed are maximum paid. Providers must bill Medicaid the negotiated rate agreed upon with the Department.

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

Proc	Modifier	Modifier	Description	Effective	Method	Fee	PA
A0080			Non-Emergency Transportation - per mile	10/1/2008	Fee Schedule	\$0.33	
T1019			Personal Assistance Services - 15 minutes	7/1/2013	Fee Schedule	\$4.54 - \$5.05	Y
T1019	TE		Nurse Supervision Personal Assistance Services - 15 minutes	7/1/2013	Fee Schedule	\$4.54 - \$5.05	
T2001			Medical Escort	7/1/2013	Fee Schedule	\$4.54 - \$5.05	Y
T1019	U9		Self-Directed Personal Assistance Services - 15 minutes	7/1/2013	Fee Schedule	\$3.75 - \$4.23	Y
T1019	U9	TE	Self-Directed Oversight Personal Assistance Services - 15 minutes	7/1/2013	Fee Schedule	\$3.75 - \$4.23	
T2001	U9		Medical Escort	7/1/2013	Fee Schedule	\$3.75 - \$4.23	Y

**Personal Assistance and Self-Directed Personal Assistance rates are based on negotiations with the Department. Providers agree to bill at the rate outlined in their billing certification letter for FY14. Providers understand that periodic audits will take place and a recovery will occur if they bill above their rate.**